

Name
in
Full

Elizabeth Addkins

CERTIFICATE OF DEATH

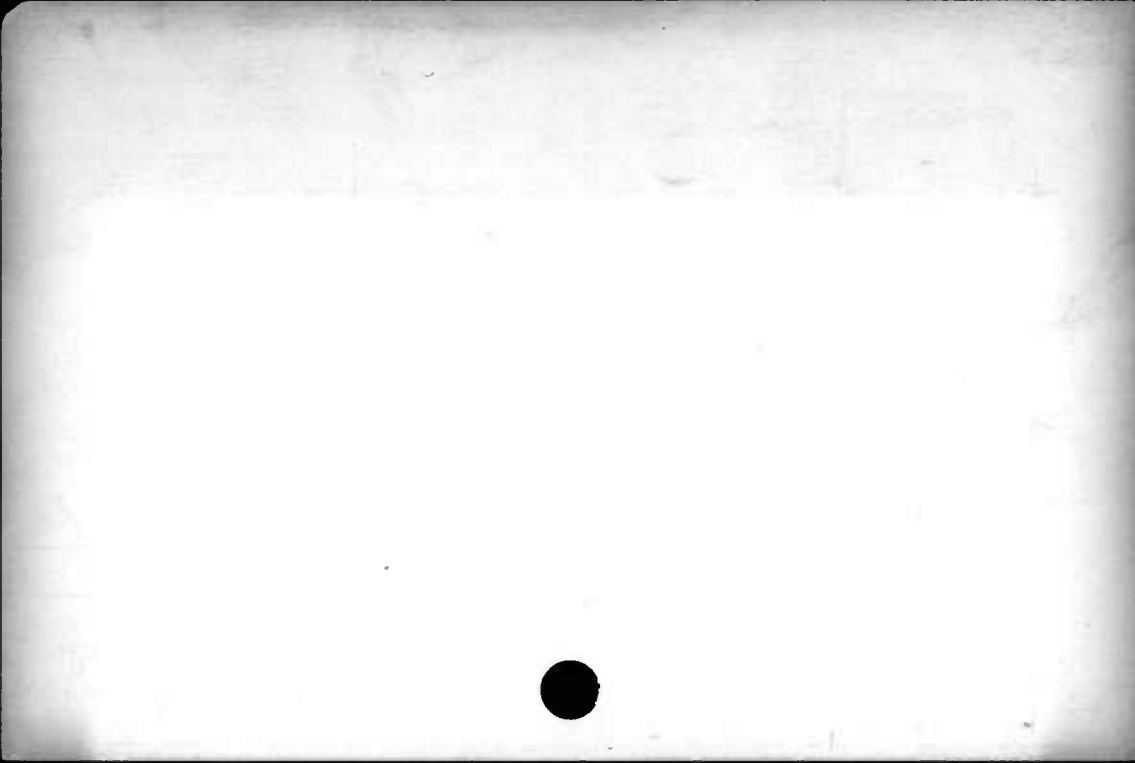
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Powellville</i>		Town <i>Powellville</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>6th</i>	Day <i>6th</i>	Age <i>38</i>	Years	Months	Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place			
Married, Single or Widowed		Occupation <i>farmer</i>					
Name of Wife or Husband		<i>M. Addins</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
<i>J. W. Freemy, M.D.</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Thyphoid fever</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Pittsville</i>
Accident or Suicide?	<i>✓</i>



Name In Full

Certificate of Death

Lambert W. Adkins

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1904

June

20

Age

49-3-

Wicomico

Mechanic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Ida

Adkins

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Septic Chronic Meningitis

How long sick

several months

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Louis W. Morris M.D.

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Hillary M. Bailey

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

June 29

Age

75-6

Md.

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Nine

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Histulas Hemorrhoids, and general trouble.

How long sick

2 Years

Death

Immediate

General debility.

Accident, Suicide, Homicide

Reported by

Address

Pittsville, Md.

117

G. M. Fanning, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898



Name in Full *Mary E Banks*
 Died at *Salisbury* ^{Town} *Wicomico* ^{County} *MARYLAND*
 Date 19 *07* ^{Month} *July* ^{Day} *26* ^{Y.} *20* ^{M.} *20* ^{D.} *20*
 Native of *Md* Occupation *housework*
 Male *White* Married *Widow* ~~Divorced~~
 Female *Colored* ~~Single~~ *Widower* Number of children living *three*
 Husband of *John Banks*
 Wife *John Banks*
 Father's Name *Elifah Parsons* Mother's Maiden Name *Charlton Parsons*
 Cause of Death { Primary *Organic Heart Disease* How long sick *12 or 14 mo*
 Immediate *Convulsion* Accident, Suicide, Homicide
 Reported by *Elvah Banks, Md*
 Address *Salisbury, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James H. Bounds

Town

County

Died at

Whayland

Wicomico

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

1

Age

49

3

3

Md

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Five

Husband
of
Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Congestive Chill

Accident, Suicide, Homicide

Reported by

E. A. Denson Undertaker

Address

J. Whayland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988



Name in Full

Certificate of Death

Died at

Date

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Isaac G. Cooper

Hebron

June 22

1902

Month Day

Y. M. D.

Age

81-6

Married

Widow

Divorced

Widower

Number of children living

4

Occupation

Sailor

Native of

MARYLAND

Town

County

Husband of

Johnson

Mother's Name

Margaret Cooper

How long sick

Primary

Died sudden

Immediate

supposed to be heart disease

Accident, Suicide, Homicide

Geo. E. Heill

Salisbury Md.

LIBRARY BUREAU, 65988

There was no Doctor called as
he died very suddenly at night
about 10-30 P.M. Sunday June 22/02

Geo. C. Hill

Undertaker

Name in Full *Wm Cordrey*
 Town *Salisbury* County *Wicomico*
 Died at *Salisbury* MARYLAND
 Date 1902 Month *6* Day *5* Age *11*
 Occupation *None*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widower ☐ Divorced ☐
 Number of children living *0*

Husband of ☒ Wife ☐
 Father's Name *B. H. Cordrey* Mother's Name *Mary Holloway*
 Cause of Death { Primary *Intestinal parasites* How long sick *4 weeks*
 { Immediate *Perforation with peritonitis* Accident, Suicide, Homicide ☐
 Reported by *J. M. G. Dick*
 Address *Salisbury, Md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

2

6

30

Age

92

Maryland

house wife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living one

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

4 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988



Ruth Elliott

Town

County

MARYLAND

Died at

Salisbury

Annam

Occupation

Date 1902

June 13

Age

28-

Native of

Md.

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

J. T. Elliott

Mother's

Maiden Name

Lida E. Parsons

Cause of

Primary

Tuberculosis

How long sick

Six months

Death

Immediate

Tubercular Meningitis

Accident, Suicide, Homicide

Reported by

Dr. H. F. Foltz

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *No Name*
 Died at *Salisbury* Town *Hiconico* County *MARYLAND*
 Date 19 *02* Month *June* Day *4* Age *1* Native of *Ind* Occupation *none*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~
 Husband of _____
 Wife _____
 Father's Name *Gordon J. Fields* Mother's Maiden Name *Mary G. Hastings*
 Cause of Death { Primary *Premature Birth* How long sick _____
 { Immediate _____ Accident, Suicide, Homicide _____
 Reported by *Mr. H. Zold* 151
 Address *Salisbury Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lemania E Hudson

Town

County

MARYLAND

Died at Salisbury Wisconsin

Month Day

Y. M. D.

Native of

Occupation

Date 1902

June 14

Age 27

Del

Housework

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

~~Husband~~ of

Wife George E Hudson

Father's Name Shelley Shookley

Mother's

Maiden Name

Sarah E West

Cause of Primary

Consumption

How long sick

5 months

Death Immediate

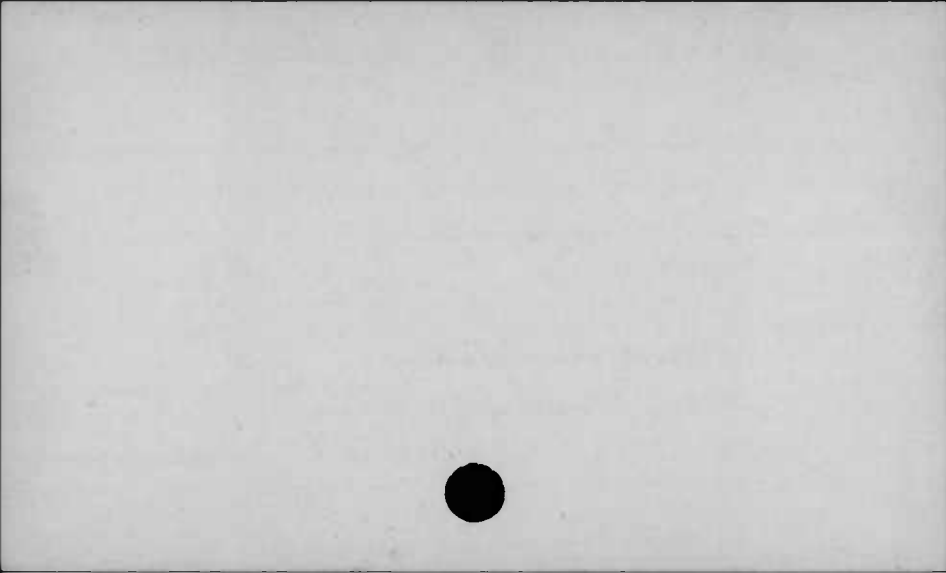
Accident, Suicide, Homicide

Reported by

D G Holloway & Co Undertakers
Salisbury Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Age

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

6

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

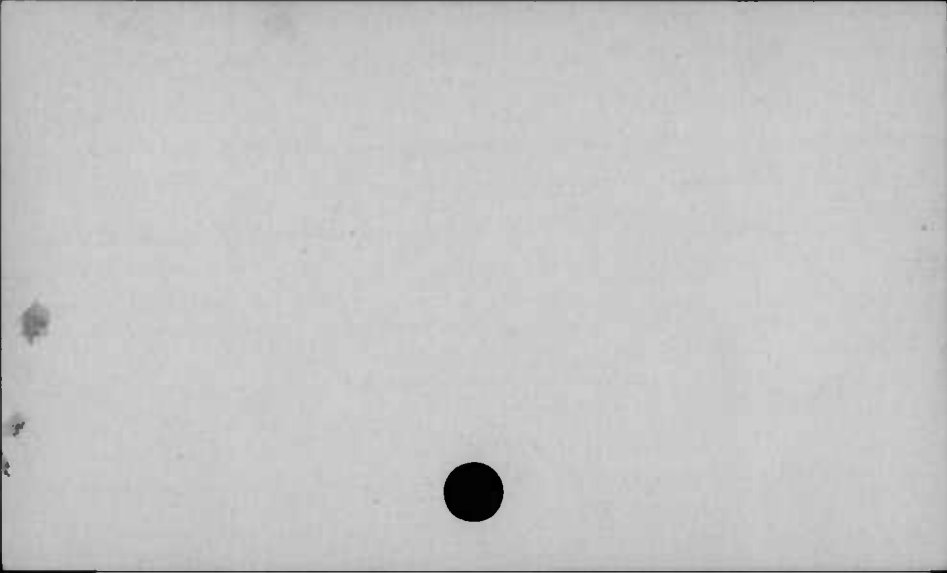
Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Gertrude M Leonard
 Town Salisbury County Wicomico
 Died at Salisbury MARYLAND
 Date 19 02 Month June Day 15 Age 6 Native of Md
 Male Female White Colored Married Single Widower
 Occupation Number of children living

Husband of

Wife

Father's Name Frank Leonard Mother's Maiden Name Ella Howard

Cause of Death { Primary Hearting Immediate Shannon } How long sick 1 week
 Accident, Suicide, Homicide

Reported by D G Holloman & Co Undertakers

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Stephen A Murrell

Town

Salisbury

County

Wicomico

MARYLAND

Died at

Date 1902

Month

6

Day

23

Y.

47

M.

D.

Native of

Md.

Occupation

Mechanic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Roma Murrell

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Carcinoma thigh

Death

Immediate

Heart & debility

How long sick

5 mos.

Accident, Suicide, Homicide

Reported by

Dr. G. Spring

Address

Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Name *Lena Nutter*
 Died at *Allen* Town *Corcomio* County *MARYLAND*

Date 19*02* Month *6* Day *1* Y. *10* M. *md* D. *md* Native of *md* Occupation
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *George Nutter*

Mother's Maiden Name *Georgeanne*

Cause of Death { Primary *Consumption* How long sick *12 months*
 Immediate *2.7* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mahala Parker

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

June 20

Age

69 7

Wicomico

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Hiram Parker

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Disease of Heart & Kidneys - 1 year or more

How long sick

3 years

Death

Immediate

Wicomico & Heart Failure

Accident, Suicide, Homicide

Reported by

Louis W. Morris, M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70861



Harry Richardson

Town

County

MARYLAND

Died at Salisbury Wocomo

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

June 12

Age

2. 3.

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

D. H. Richardson

Mother's

Maiden Name

Miss

Morris

Cause of

Primary

Dysentery

14

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. H. Plemons, M.D.

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ressie Gertrude Ruark

Died at ^{Town} Near Salisbury ^{County} Wicomico MARYLAND

Date 1902 June 14 Age 21 6 Native of Md. Occupation none

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name J. Lemuel Ruark Mother's Maiden Name Sallie E. Shockley

Cause of Death { Primary Poison 175 How long sick 15 hrs

Death { Immediate Canstic Potash (Lye) Accident, Suicide, Homicide

Reported by Mr. H. Todd

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Infant of James Truck

Town

County

Died at near Powellville

Wicomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

6th14th

Age

Sex

male

Color or
Race

white

Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

L. J. Rayne

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

Immediate

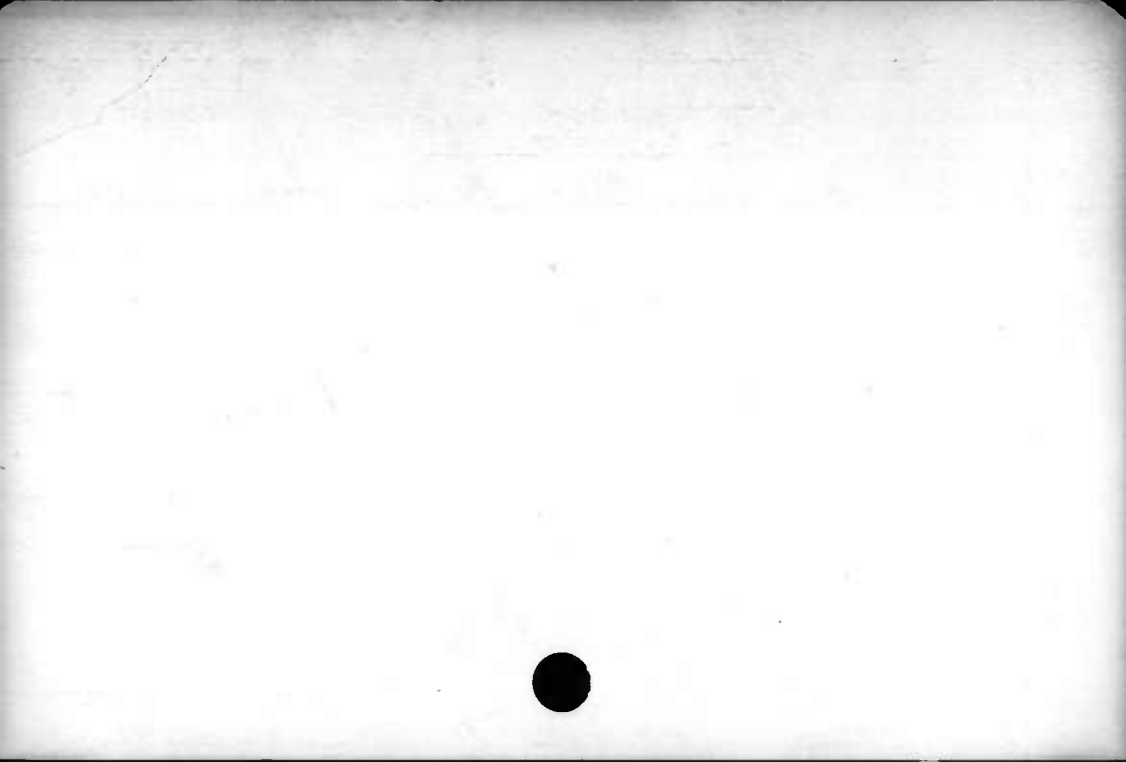
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Died at

MARYLAND

Date 19

Male

~~Female~~

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

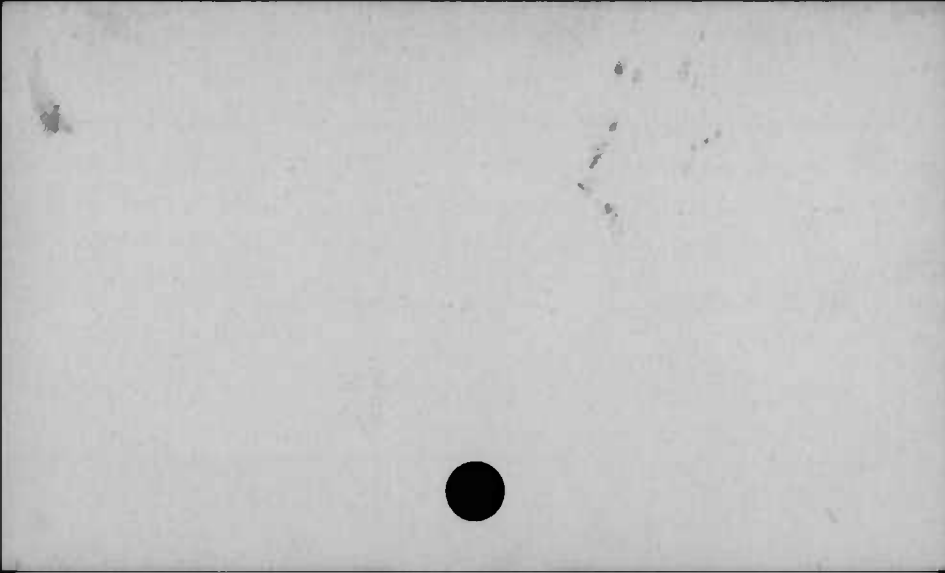
Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sabe Spence (col.)

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

June 2

Age

19

Maryland

Housekeeping

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

one

Husband
of

Never married

Wife

Father's

Name

Geo. Spence (col.)

Mother's

Name

Quice C. Spence

Cause of

Primary

Confinement

How long sick

10 hours

Death

Immediate

Fits 138

Accident, Suicide, Homicide

Reported by

Dr. Geo. W. Truitt

Address

Parsonsbury

Wicomico Co
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8506



Name in Full

Certificate of Death

Harry Bayless
 Town County
 Ellen Minn

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000



Name in Full

John D. Smith

Town

County

MARYLAND

Died at *Salisbury Wicomico*

Date 19 *02* Month *June* Day *16* Y *80* M. *0* D. *0* Native of *md* Occupation

Male

White

Married

Widow

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living *3*

Husband of

Wife *Miss Downing*

Father's Name *Smith* Mother's Maiden Name *27*

Cause of Primary *Chronic Tuberculosis* How long sick *Several years*

Death Immediate *Asphyxia* ~~Accident, Suicide, Homicide~~

Reported by *F. B. Clements M.D.*

Address *Salisbury md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wilmer L. Pruitt

Town

County

Died at

near Salisbury Wisconsin

MARYLAND

1902
 Date 1902 June 14 Y. M. D. 30 1 21 Native of Md. Occupation Farmer
 Male White Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living 2

Husband
~~Wife~~ ofFather's
 NameMother's
 Name

Ida Pruitt
 Spicer Pruitt Sarah Hitchcock
 Cause of Primary Consumption 27 How long sick 3 months
 Death Immediate Exhaustion 1st time Accident, Suicide, Homicide

Reported by

Address

Dr. Geo. W. Pruitt
 Parsonburg Wisconsin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25500



Name in Full

Certificate of Death

William Claude West
 Town Delmar County Wicomico

MARYLAND

Died at

Date 1802 Month 6 Day 21 Age 1 6 25
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
 of
 Wife

Father's Name William West- Mother's Name Mary West

Cause of Death { Primary Immediate
 Dysentery 14
 How long sick Eight days
 Accident, Suicide, Homicide

Reported by James Brayshaw, M. D.
 Address Delmar Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

